Appendix B

State of South Dakota

Candidate's or Committee's Report of Receipts and Expenditures

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Candidates and candidate committees: File in the office where you filed your nominating petition.
PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Barney J Roling

Complete Mailing Address 25503 US 81 PO Box 455

Name of Person Making Report Barney Daytime Phone Number

If you are a candidate, what office are you seeking? McCook Co. Commisioner

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book)

For Reporting Period Ending (See pages 4 & 5 of Guideline Book)

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Barney J. Roling (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 12/31/04

Barney J Roling
Candidate Signature or
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 5th day of January 05
Chris Nelson
SECRETARY OF STATE

Name of Candidate or Committee_____

For the reporting period ending_____

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of $100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than $100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals: *$ _____

Itemized Contributions from Individuals

Name	Residence Address	Place of Employment (Name of Employer)	
			$
			$
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			$

Total of Itemized Contributions from Individuals: *$ _____

Name of Candidate or Committee____

For the reporting period ending________________________

Schedule A – Direct Contributions (continued)

Unitemized Contributions from Political Parties: *$ 0

Itemized Contributions from Political Parties

Party Name	Address	
		$
		$

Total of Itemized Contributions from Political Parties: *$ 0

Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.

PAC Name	Address	
		$
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		$
		$

Total of Itemized Contributions from Political Action Committees: *$

Total of All Direct Contributions (Sum of all lines with an *) $ 0

Name of Candidate or Committee:_____

For the reporting period ending:_____

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than $100 or their contribution results in their aggregate being more than $100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Total:	0

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds $100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total:		0

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Total:	0

Name of Candidate or Committee:_____

For the reporting period ending:_____

Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. **All contributions to candidates and committees must be listed individually.**

Expenses		Contributions Made to Candidates and Committees	
Item	**Amount**	**Name of Candidate or Committee**	**Amount**
Advertising			150.00
Consulting			
Postage			125.00
Printing		RLW	
Rent		1-5-05	
Salaries		phone call	
Telephone			
Travel			
Utilities			
List other expense items below	**List other expense amounts below**		

Total Expenditures: 275.00

Name of Candidate or Committee: ______________________________

For the reporting period ending: ____________________

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed to:	Purpose:	Amount

Total Obligations: 0

Name of Candidate or Committee:_____

For the reporting period ending:_____

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: $ 16.06

2. Receipts

   Schedule A - Direct Contributions $_____

   Schedule B - Fund-Raising Events $_____

   Schedule C - In Kind Contributions $_____

   Schedule D - Other Income $_____

   Total of all Receipts $_____

3. Total Monetary Receipts (A+B+D) $ 0

4. Candidate's Personal Contribution to Own Campaign $ 969.00

5. Monetary Loans to Candidate or Committee During Reporting Period $ –

6. Monetary Loans Repaid During Reporting Period $_____

7. Expenditures - Schedule E $ 975.00

8. Unpaid Obligations - Schedule F $_____

9. Amount on hand at the close of this reporting period. *
   This should equal lines (1+3+4+5) – (6+7) $ 0